

STATE OF MAINE

_____ COUNTY PROBATE COURT DOCKET NO. _____

In Re: _____ FINANCIAL AFFIDAVIT

Name _____ Date of Birth _____ Age _____ Phone # _____
Address _____

I am requesting: court appointed lawyer and/or guardian ad litem waiver of fees and/or all or part of service costs :
Marital Status: single married divorced separated widowed partnered
I live: alone with spouse with parent with children with friend(s) with partner other _____

List the names, ages and relationships of any dependents you support: _____

CASH ASSETS: List all money currently available; include joint as well as individual accounts.

- a. Cash on hand \$ _____
 - b. Checking Account(s) \$ _____
Name of Financial Institution: _____
 - c. Savings Account(s) \$ _____
Name of Financial Institution: _____
 - d. Stocks, bonds, trusts, certificates of deposit, IRA, etc. - (specify):
_____ \$ _____
 - e. Cash posted as bail \$ _____
 - f. Other (Christmas Club, etc.) - (specify): _____ \$ _____
- TOTAL CASH ASSETS:** \$ _____

INCOME:

1. EMPLOYMENT (list employer name, address and telephone number)
 - a. Where do you work? _____
 - b. Length of time employed: _____ full time part time seasonal
 - c. If not currently employed, where and when were you last employed and how do you now pay your bills?

 - d. Do you anticipate other employment or other income within the near future? Yes No
If yes, please explain: _____
2. Do you receive any pay or any kind of compensation for any other work, such as odd jobs that are not included above?
If so, please explain: _____
3. MONTHLY/WEEKLY INCOME
 - a. Salary and Wages (take home pay) \$ _____ (per week month)
 - b. Unemployment \$ _____ (per week month)
 - c. Social Security \$ _____ (per week month)
 - d. TANF payments \$ _____ (per week month)
 - e. Alimony/Child Support \$ _____ (per week month)
 - f. Any income received and not reported above \$ _____ (per week month)
(e.g., veteran's benefits, Workers' Comp., pensions/retirement, National Guard, room rental. Please specify.)

4. ASSETS OF SPOUSE (Include any roommate(s) with whom you share expenses; if you are under 18 years old, include your parent(s) and/or your guardian(s)).
 - a. Name of Person _____
 - b. Relationship to you _____
 - c. Address _____
 - d. Number of this person's dependents _____
 - e. Is this person employed Yes No
 - f. Estimated Monthly/Weekly Income \$ _____ (per week month)
 - g. Is any of this income available to you/used for you? If yes, how much? \$ _____ (per week month)
5. Does anyone owe you any money? Yes No If yes, how much? \$ _____

6. Have you, or has anyone in your household, received, *or do you expect to receive*, any payments such as retroactive government benefits, tax refunds, pay raises, law suit settlements, etc? If yes, explain. _____

OTHER ASSETS: Property (owned individually or with others)

- a. Do you own a house or other real estate? Yes. Estimated market value of the property is \$ _____. No. What is the amount of mortgage on the property? \$ _____ Who holds the mortgage? _____
- b. List make, model, year and value of all motor vehicles you have (automobiles, trucks, RV's, motorcycles, ATV's, snowmobiles, etc.) _____ \$ _____. _____ holds the titles to these vehicles, and these vehicles are registered to _____.
- c. List any other personal property (such as TV, stereo, VCR, valuable jewelry, antiques, etc.) having a value of \$50.00 or more. _____
- d. Cash value of insurance policies, pension, retirement or profit sharing, etc. (Specify) _____

EXPENSES:

1. Monthly Living Expenses

- a. Food and other grocery items \$ _____
 - b. Housing (rent/mortgage) \$ _____
 - c. Utilities (e.g. electricity, heat, water, sewer, telephone) \$ _____
 - d. Other (Specify) \$ _____
- TOTAL \$ _____

2. Describe any loan payments or any other payments you make on a regular basis which are not normal living expenses.

Lending Institution	Purpose	Total Amount Owed	Monthly Payment
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

3. Describe any regular payments you make for medical care, alimony/child support, child care, etc. (Specify) _____ and total is \$ _____.

4. Is there any other statement you wish to make about your financial condition that may be helpful in evaluating if you qualify for waiver of fees and/or some/all costs related to service and/or court appointment(s)?

I furnish the above information to support my request for waiver of fees and/or all or part of service costs and/or appointment(s) of counsel and/or guardian ad litem. I have read the above form, I understand it, and the answers to the questions are true. I understand that any false answers on this form may subject me to criminal prosecution, and that a court investigator may seek to verify my statements. **I also understand that I have a continuing obligation, personally and through counsel, to report to the court any changes in my address, my employment and/or my financial circumstances. And I agree to pay any waived fees and/or service costs if at any time I become financially able to do so, and, further, I agree to pay appointment costs as payments per any Order are due.**

Date: _____

 Signature of Party

Then appeared the above-named _____, who, under penalty of perjury, affirmed under oath the truth of the facts in the foregoing affidavit.

Before me,

Dated: _____

 Notary Public/Attorney-at-Law

MARP